STATE OF SO	UTH CAROLINA	,			191964
(Caption of Case) Application of Farmay Moving Services for Class & Certificate of Public Convenience and Necessity		į	PUBLIC SERV OF SOUT	TH CAROLII R SHEET	COPY NA Dept: SA. /ORS Date: 380/08 Time: 11.55
(Please type or print) Michael S Nieru	ander /			
Submitted by:	Fairway Moving	r	SC Bar Number:		
Address:	5063 Westwind I		Telephone:	843-236-418	5
	Myrtle Beach, SC		Fax:	010 200 120	
			Other:	843-685-365	1
	*************************************			2@yahoo.com	
☐ Emergency R	elief demanded in p	OOCKETING INFOR	,	11 •	y) n's Agenda expeditiously
INDUSTRY (C	heck one)	NATU	RE OF ACTION	(Check all tha	t apply)
☐ Electric		Affidavit	Letter	Warfacture of the Control of the Con	Request
☐ Electric/Gas		Agreement	Memorandum		Request for Certification
☐ Electric/Telecon	nmunications	Answer	Motion		Request for Investigation
☐ Electric/Water		Appellate Review	Objection		Resale Agreement
☐ Electric/Water/	Telecom.	Application	Petition		Resale Amendment
☐ Electric/Water/S	Sewer	Brief	Petition for Re	consideration	Reservation Letter
Gas		Certificate	Petition for Ru	ılemaking	Response
Railroad		Comments	Petition for Rule	e to Show Cause	Response to Discovery
Sewer		Complaint	Petition to Inte	ervene	Return to Petition
Telecommunica	tions	Consent Order	Petition to Inter-	vene Out of Time	Stipulation
		Discovery	Prefiled Testin	HONY AND TO THE	Subpoena
☐ Water		Exhibit	Promotion MA		Tariff
☐ Water/Sewer		Expedited Consideration	☐ Proposed Orde		Other:
Administrative M	M atter	Interconnection Agreement	Protespocks	SCSC	4
Other: Househol	d goods mover	Interconnection Amendment	Publisher's Aff		NO.
		Late-Filed Exhibit	Report		М

FORM C-EF

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS	<u>E (HHG)</u>
--------------	----------------

DATE February 19, 2008_____

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Fairy	1. way Mo	Name under which business is to be conducted (corpora proprietorship, with or without trade name.) Michael oving Services	ution, partnership, or sole D. S. Nierwienski du
	2.	(a) Street Address of Applicant 5063 Westwind D	rive Myrtle Beach, SC 29579
		(b) Mailing address, if different from street address	SAME
	,	(c) Telephone Number 843-236-4185	Fed ID#
	3.	If incorporated, a copy of Articles of Incorporation mus of S.C., need S.C. Secretary of State "Foreign Corporation of State"	t be attached.(If incorporated outside ion" Certificate.)N/A
<u>N/A</u>	4.	(a) If a partnership, names and addresses of all persons(b) If a corporation, names and addresses of two princip	
		J	
	5.	X(a) Class E – the proposed rates and charges for servi same are included herewith, as set forth on Exhibit	

(b) Class F – Contracts are included herewith.

6.	The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. Household Goods
7.	The proposed list of equipment is as per Exhibit "D" included herewith.
Also plan to Will buy pac	o own 1 straight truck weighing less than 26000 lbs GVW. Value not to exceed \$20,000. lease 1 straight truck for all interstate moves. Is and equipment such as dollies, tape, boxes and other items necessary to provide safe and moving services.
8.	Applicant proposes to operate service applied for as follows: (Check one) (a) Intrastate Only X
9.	IMPORTANT! If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.
N/A	application is for a NEW CERTIFICATE, DO NOT SOMMT ANNOAE REFORM
10.	Is applicant certified to provide intrastate transportation of household goods in another state? Yes No_X_(Check one).
	If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11.	Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? Yes No_X(Check one)
	If yes, list dates and nature of convictions below.
12.	Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state? Yes No_X(Check one).
	If yes, list dates and reason for revocation below.

BALANCE SHEET		Balance at Time Application is Filed: Month: <u>Feb</u> Year:2008
Assets:		
Cash	20,000	
Stocks	23,000	
Real Estate	380,000	
Buildings and Equipment-Net		
Motor Vehicles-Net	16,000	
Garage Equipment-Net		
Machinery and Tools-Net		
Supplies on Hand		
Prepaids and Other Assets	40,000 (other business)	
Total Assets	479,000	
Liabilities and Equity: Accounts Payable		25,000
Notes Payable		50,000
Mortgages Payable		190,000
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
Total Liabilities		265,000
Capital Stock		
Retained Earnings		
		044,000
Total Equity		214,000
Total Liabilities and Equity		479,000
thereto, and R.103-100 the (Vol.26, S.C. Code Ann. and Regulations for Mothereby promises compliant OF SOUTH CAROLINA,	nrough R.103-241 of the Comm , 1976), and R.38-400 through 3 or Carriers (Vol. 23A, S.C. Cod	nn., §58-23-10, et seq. (1976), and amendments hission's Rules and Regulations for Motor Carrie 38-503 of the Department of Public Safety's Rule Ann., 1976) and amendments thereto, and
UNTY OF Horry	1	
Michael S Nierwienski	Owner	,
(Name of Applicant's Representative	e) (Title)	
Fairway Moving Services		the Applicant for the Certificate of Public Conveni
and Necessity as (Applicant)		

set forth in the foregoing, swear or affirm that all statements	contained in the above Application are true and correct
SWORN TO BEFORE ME	
At 3766 Rence du Myste Blach SC	
This the 19th day of 166 may 20 08	michael 5 nerweus (2)
(Notary Public)	(Signature of Applicant's Representative)
Commission Expires: My Commission Expires	
November 1, 2016	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649 COLUMBIA, SC 29211

Fairway Moving Services	
(APPLICANT)	
5063 Westwind Drive Myrtle Beach, SC 29579	
(ADDRESS)	

(ADDRESS)

Proposed Rates and Charges for Services And Rules and Regulations Governing Same are as Follows: A 2 hour minimum will apply to all moves. Hourly rate will be billed from time of arrival to time of departure.

2 men and 1 truck= \$90.00 hr 3 men and 1 truck =110.00 hr

Travel charges will apply to all moves and will be estimated during pre move interview. One hour of travel time will be billed at the same rate as the hourly move rate. ½ hour of travel time will be billed at 1/2 the hourly move rate.

4 or more movers requires a 2nd vehicle. The charge for each additional mover is \$20.00 hr and a flat rate for the 2nd vehicle. The flat rate will be determined by the distance traveled. \$25.00 minimum charge for the 2nd vehicle but not more than \$75.00 for distances less than 50 miles. These rates are for local moves only. Local move will be defined as 50 miles or less.

<u>2</u>

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649 Columbia, South Carolina 29211

Fairway Moving Services	
	(Name)
5063 Westwind Drive Myrtle Beach, SC 29579	
(A	Address)
Over Irregular Routes:	
Commodities to be Transported:	
Household Goods, As Defin	ned in R. 103-210(1):
Area to be Served: (List counties in detail)	
Horry Georgetown	
	Fairway Moving Services (Applicant)
Date: Feb15, 2008	Michael S Nierwienski By
	Owner Title

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	VIN #	WEIGHT EMPTY CAPA	CARRYING CITY *
WAKE	TEAR	V 11N #	EMITT CATA	ICIT I
TBD			15,000lbs	<26000 Non CDI
Interned	kional 4700	2001 /HTS	- AAM 31 H381212	
			•	
-				
		A		· · · · · · · · · · · · · · · · · · ·
-	J., 40 (10 A A A A A A A A A A A A A A A A A A A			
• Se	ats if passenger car	rier or tonnage if freigl	nt carrier.	
			Fairway Moving Ser	vices
			(Applicant)	
_				
Date:	Feb 15, 2008		Michael S Ni	erwienski
	- Andrew Grade Parks	(Applie	cant's Representative)	
			Owner	
			(Title)	, 144 - 144

EXHIBIT FWA

Name	: Fair	rway Moving Servi	ices		<u>,</u>		
Addro	ess:	5063 Westwind	Drive Myrt	le Beach, S	SC 29579		
Telep]	hone No.	843-236-4185		Fax No.			
<u>U.S.D</u>	.O.T. No.	1725600	· ,•	ICC No.	MC-63	32387	
1.	– Does Appli	cant have a Safety F	Rating from th	ne U.S.D.O	.T.?		
	Yes(If "yes", in	No <u>X</u> dicate rating and pr	Pendingovide copy)	Sa Co	tisfactory nditional	received)	
2.		f Applicant's drivers he past twelve (12)		been places	s "out of ser	vice" by Trar	nsport Police safety
	Yes	No <u>X</u>					
3.	Are there cu	urrently any outstand	ding judgeme	nt(s) again	st Applicant	t?	
	Yes_ (If "yes", in	No X	gement(s).				
4.	motor carrie these statute	t familiar with all st er operations in Sou es and regulations? No					ns, governing for-hire n compliance with
5.	associated t	herewith? No					ırance premium costs
	discretion o	~	copy of curr	ent insurar			ce premiums. At the ired. Do not provide
	C	.		m (1	three 5 S	Murure Signature	enti
20	Sworn to bef		60-1	50 200	~) <i>a</i>		
At <u>37</u>	20th day	de Myrtle oflebruay, 2008	- Ocean	oc ano	7 7		
Commi	(Not ssion Expires	ary Public) : My Commission November 1,		12			

13

INSURANCE QUOTE

The following insurance quote is for:			
Fairway Moving Services (Name of Motor Carrier)			
5063 Westwind Drive MyrthBead (Address of Motor (ん SC 29579		
Amount of Premium:	Limits Quoted (See Below):		
Liability Insurance \$750	Limits 2,000,000		
Cargo Insurance \$1 SOO	Limits 250,000		
* Attach Certificate of Insurance if available.	(AGENT)		
Harleysuille Mutual Insurance	Company Harold W Wells + Son La		
(Insurance Company) 355 Maple Ave Harleysville PA 10 (Home Office Address of	(AGENT) (AGENT) Harold W Wells + Son In Y Name) POBOX 2320 Wilmington, NC 28402 of Company) lations relating to insurance		
requirements and the above quote meets the minim insurance company making this quote is authorized Insurance to do business in South Carolina.	lum insurance limits prescribed. The laby the South Carolina Department of		
Date Tony Pagrat (Authorized)	Insurance Company Representative)		

Commercial Insurance Proposal

Effective April 1, 2008 to April 1, 2009

Fairway Moving Services 5063 Westwind Drive Myrtle Beach, SC 29579

Presented by:

Tony Pagrabs, ARM

Harold W. Wells & Son, Inc.

Insurance

established 1920

P. O. Box 2320 Wilmington, NC 28402 910-762-8551 www.hwwells.com

March 6, 2008

Fairway Moving Services

* Commercial General Liability

Local Moving without storage

4212

Insurer:	Harleysville Mutual Insurance Company		
AM Best Rating:	A-XII		
Coverage:	This policy provides payment that the insured become damages because of 'bodily injury' or 'property dama applies.	nes legally o age' to which	bligated to pay as a this insurance
Limits:	General Aggregate Products/Completed Operations Aggregate Personal/Advertising Injury Each Occurrence Fire Damage-Any One Fire Medical Expense-Any One Person	55 55 55 55 55	2,000,000 2,000,000 1,000,000 1,000,000 100,000 5,000
Deductibles	Property Damage Deductible Per Occurrence	\$	1,000
	RATING BASIS		
Code	Classification	Basis	Exposures

Payroll

\$24,800

Fairway Moving Services

X Truckers

Insurer:

Progressive Insurance Company

Coverage:

Auto liability exposures experienced by owners and operators of businesses designed to transport the goods of others by land motor vehicles for a fee. Subject to regulations by the Department of Transportation (DOT).

Limits of Liability:

Bodily Injury and Property

Damage as Combined

\$ 1,000,000

Single Limit

Medical Payments

\$ 1,000

Uninsured & Underinsured

Motorists

\$ 1,000,000

Covered Auto Symbol:

7

AUTOMOBILE PHYSICAL DAMAGE

Comprehensive:

Actual Cash Value Basis subject to deductible per occurrence

noted on the attached Schedule of Vehicles.

Collision:

This coverage pays for damages to a company auto which are caused by collision with any object, or upset of the auto. It pays to the policy limit minus the deductible shown on the attached Schedule of Vehicles or to the actual value of the auto.

VEHICLE SCHEDULE

No Year Make Model

Vin Number

Comp Ded

Coll Ded

001 2001 International

4700 DT 466

1HTSDAALX1H386024

\$1,000

\$1,000



Insurer: Harleysville Mutual Insurance Company

AM Best Rating: A- XII

Coverages: A generic term used in both inland marine and ocean marine

insurance to designate the types of insurance available to provide coverage for cargo that is being transported by truck,

rail, air, ship or boat.

Covered Property:

Limits: \$ 250,000 Any One Occurrence

Deductibles: \$ 1,000 Any One Occurrence

Fairway Moving Services

A Premium Summary

	 Premium:
General Liability:	\$ 750
Commercial Automobile:	\$ 4,605
Motor Truck Cargo:	\$ 1,500
Total:	\$ 6,855

PAYMENT OPTIONS:

Harleysville Mutual (General Liability & Cargo): Full Pay Progressive (Auto): 25% down \$962.60 with 10 installments of \$409.75.

We have seen an industry wide change of attitude regarding late payments. Our Companies have advised us that in the event payment is not received on or prior to the due date, reinstatement of coverage may not occur.



The Public Service Commission State of South Carolina

COMMISSIONERS
G. O'Neal Hamilton, Fifth District
Chairman
C. Robert Moseley, At-Large
Vice Chairman
John E. "Butch" Howard, First District
David A. Wright, Second District
Randy Mitchell, Third District
Elizabeth B. "Lib" Fleming, Fourth District
Mignon L. Clyburn, Sixth District

Docketing Department Phone: (803) 896-5100 Fax: (803) 896-5199

February 27, 2008

TO:

cc

Fairway Moving Services

5063 Westwind Dr

Myrtle Beach SC 29579

FROM: Janice Schmieding, Docketing Department

YOUR APP	LICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):
	Failed to Submit Cover Sheet along with the Application
	Failed to indicate Fares and Clarify Number of Passengers (Per Vehicle) on Exhibit C.
	Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office.
XXX	Failed to complete Description of Equipment (Exhibit D)
	Failed to Complete Financial Statement (#7, Page 3)
	Failed to Submit Notarized Applicant Representative's Signature on the Statement of Assets and Liabilities
	Need more detail on area to be served, i.e. what counties would you be operating in? Failed to Submit Exhibit FWA Form along with Notarized Signature
XXX	Insurance Quote – Form Enclosed - Needs to Be Completed and Submitted with the Application.
	Other:

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

Carole Chauvin, Office of Regulatory Staff (via e-mail)